

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10666497**
APPLICANT(S)

FILING DATE **09-19-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4	1					
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		2				
12		1				
13		1				
14		2				
15		2				
16		1				
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18		2				
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25	1					
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31		2				
32	1					
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TOTAL IND. 7						
TOTAL DEP. 39						
TOTAL CLAIMS 46						
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